

AUG 21 2007



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## FAX COVER SHEET

FAX #: (571) 273-8300

TO: Commissioner for Patents

ATTENTION: Examiner Faruk Hamza

ART GROUP NO.: 2155

FROM: Jeffrey A. Proehl  Wanita Jacobsma  
DeniseMoani Nelson

RE: Appln. No. 09/991,096 Filing Date: November 16, 2001  
 Applicant: Michael Sawyer

Enclosed: Amendment in response to Office Action mailed May 29, 2007  
 Fee Transmittal

Total Number of Pages (Including cover sheet): 17 (Please call us as soon as possible if you do not receive all pages).

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Wanita Jacobsma

Signature

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**150.00****Complete if Known**

Application Number	09/991,096
Filing Date	November 16, 2001
First Named Inventor	MICHAEL SAWYER
Examiner Name	Faruk Hamza
Art Unit	2155
Attorney Docket No.	30031

**METHOD OF PAYMENT (check all that apply)** Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_ Deposit Account    Deposit Account Number: **50-0439**    Deposit Account Name: **GATEWAY, INC.**

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
	- 20 or HP =	3	x 50 =	150		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	- 3 or HP =	3	x 50 =	150		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

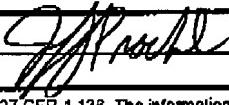
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Fee Paid (\$)

SUBMITTED BY			
Signature			Registration No. 35,987 (Attorney/Agent)
Name (Print/Type)	Jeffrey A. Proehl		Date AUGUST 21, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**AUG 21 2007**

Appln. No. 09/991,096  
Amendment dated August 21, 2007  
Reply to Office Action mailed May 29, 2007

Docket No. P1830US00  
Attorney's Docket No. 30031

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appln. No. 09/991,096 )  
First Named Applicant: MICHAEL SAWYER )  
Filed: November 16, 2001 )  
For: REMOTE OUT-OF-BOX DETERMINATION )  
TC/A.U.: 2155 )  
Examiner: Faruk Hamza )

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

Responsive to the Office Action mailed May 29, 2007, please amend the application as follows:

**Amendments to the Specification:** None.

**Amendments to the Claims:** are reflected in the listing of claims, which begins on page 2 of this paper.

**Amendments to the Drawings:** None.

**Remarks/Arguments:** begin on page 10 of this paper.

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